

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	DA 746 153	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6			<del>—</del>			
7			<del>—</del>			
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48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	17	↔	11	↔		↔
TOTAL CLAIMS	19		13			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								